

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

TO: REGIONAL ADMINISTRATOR  
HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

1. TRANSMITTAL NUMBER:

0 2 - 2 9

2. STATE

MO

3. PROGRAM IDENTIFICATION: TITLE XIX OF  
THE SOCIAL SECURITY ACT (MEDICAID)

4. PROPOSED EFFECTIVE DATE

JULY 01, 2002

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6. FEDERAL STATUTE/REGULATION CITATION:

1902(a) (54) and 1927 of the Social Security Act

7. FEDERAL BUDGET IMPACT:

a. FFY \_\_\_\_\_ \$ \_\_\_\_\_  
b. FFY \_\_\_\_\_ \$ \_\_\_\_\_

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

4.19-B page 3c

9. PAGE NUMBER OF THE SUPERSEDES  
PLAN SECTION OR  
ATTACHMENT (If Applicable):

4.19-B page 3c

10. SUBJECT OF AMENDMENT:

Pharmacy reimbursement

11. GOVERNOR'S REVIEW (Check One)

☒ GOVERNOR'S OFFICE REPORTED NO COMMENT  
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☐ OTHER, AS SPECIFIED:

12. SIGNATURE OF STATE AGENCY OFFICIAL:

13. TYPE NAME:  
Dana Katherine Martin14. TITLE:  
Director, Department of Social Services15. DATE SUBMITTED:  
12/13/02

16. RETURN TO:

Division of Medical Services  
Post Office Box 6500  
Jefferson City, MO 65102-6500**FOR REGIONAL OFFICE USE ONLY**17. DATE RECEIVED:  
12/17/0218. DATE APPROVED:  
FEB 20 2003**PLAN APPROVED - ONE COPY ATTACHED**

19. EFFECTIVE DATE OF APPROVED MATERIAL:

07/01/02

20. SIGNATURE OF REGIONAL OFFICIAL:

21. TYPED NAME:

Thomas W. Lenz

22. TITLE:

ARA for Medicaid &amp; Children's Health

23. REMARKS:

cc:  
Renne  
Vadner/Waite  
CO  
DSG/DIATASPA CONTROL  
Date Submitted: 12/13/02  
Date Received: 12/17/02

State: Missouri

The annual assurance is given that, for the period October 1, 2001, through September 30, 2002, the requirements of State Medicaid Manual 6305.1.A and 6305.2 are met. In the aggregate, Missouri's Medicaid expenditures for multiple source drugs identified and listed in accordance with 42 CFR 447.332(a) are in accordance with the upper limits specified in 42 CFR 447.332(b).

State Plan TN# 02-29  
Supersedes TN# 01-44

Effective Date October 1, 2002  
Approval Date FEB 20 2003

# Proposed Page with Changes

4.19-B  
Rev. 12/2002  
Page 3c

State: Missouri

change  
in  
dates

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